Reviewer's report

**Title:** Time-to-diagnosis and symptoms of myeloma, lymphomas and leukaemias: a report from the Haematological Malignancy Research Network

**Version:** 2  **Date:** 2 August 2013

**Reviewer:** Anette F Pedersen

**Reviewer's report:**

This is a well-written manuscript revealing the descriptive results of a questionnaire study conducted among 3329 patients with haematological cancers. The results of this large study provide evidence that time-to-diagnosis in patients with haematological malignancies can be prolonged and that diagnostic intervals vary by diagnosis. Most patients had experienced symptom(s) before diagnosis, and some symptoms were common across all diseases such as tiredness and pain, whereas others were more specific to diagnosis. The authors suggest that the results of the study are included when designing interventions aimed at increasing knowledge about symptoms of haematological malignancies among the general public and when considering refinement of UK Referral Guidelines for Suspected Cancer.

I find the detailed reporting of symptoms and symptom clusters for diagnostic groups highly informative and the conclusions made based on the results of the study are very balanced. Therefore, I will only comment on a limited number of flaws.

**Major compulsory revisions:**

1. Although the study is large and comprehensive, only 38% of the patients contacted returned the questionnaire. This participation rate should be stated more clearly.

2. The majority of patients were older than 60 years. A significant proportion of this age group will suffer from comorbidity. Could the results of the study be confounded by comorbidity? Insofar the authors agree that the results may be confounded by eventual comorbidity, this issue should be included in the paragraph describing strength and limitations of the study.

3. In the questionnaire, patients were asked whether they experienced any symptom(s) before diagnosis (p. 5). I wonder whether patients were asked to list any symptom(s) they had experienced or whether they were asked only to list the symptom(s) they retrospectively believed to be symptoms of the cancer disease. On the one hand, patients’ ability to distinguish symptoms of the cancer disease from symptoms that are unrelated may be limited (as also stated by the authors on p. 8). However, on the other hand, if patients were asked to list any symptom they had experienced, this procedure may imply confounding of results since it is well-known from the literature that people – even the healthy ones – experience a relatively high number of symptoms from day to day.
4. How was the time intervals calculated in cases where patients reported more than one symptom with different onset?

Minor essential revisions (all referring to Table 1):
1. The number of patients reporting symptoms and the number of patients without symptoms have apparently been switched.
2. The headings should be repeated on p. II of the table.
3. The authors state that the diagnostic groups are ordered by the absolute numbers of patients reporting symptoms. However, this appears not to be the case for all groups. For instance, 225 patients with myeloproliferative neoplasms have experienced symptoms and this diagnostic group is listed before the follicular lymphoma with 233 patients reporting symptoms. Moreover, I would have preferred the diagnostic groups to be ordered by the proportion of patients reporting symptoms.

Discretionary revisions:
1. The authors have chosen not to show the type of pain reported by diagnostic groups. The study would benefit from the inclusion of a figure/table describing these results as the surprisingly high number of patients reporting pain is emphasized as one of the main themes of the study.
2. Box 1 reveals experiences leading up to diagnosis described in free text. Although I find these quotations interesting to read, I miss the criteria for their selection and further processing of their thematic contents.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests